

預先裁定通知書
拒絕批准或終止服務提供者之服務
PLANNED ACTION NOTICE
PROVIDER DENIAL OR TERMINATION

當事人姓名與地址

代表的姓名和地址

裁定

特此通知您，從 _____ 起，發展殘障處將對您採取下列措施：

- ☐ 終止付款
- ☐ 終止合同
- ☐ 拒絕一份合同
- ☐ 拒絕支付費用

此服務提供者目前提供下列服務：

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> 由醫療輔助方案提供的個人護理 | <input type="checkbox"/> 陪伴之家 |
| <input type="checkbox"/> 另類個人護理 | <input type="checkbox"/> 另選生活安置 |
| <input type="checkbox"/> 替代看護 | <input type="checkbox"/> 經認證批准的住宿看護服務 |
| | <input type="checkbox"/> 其他服務 _____ |

發展殘障處採取上述措施，原因如下：

決定權限

發展殘障處採取這一措施的根據如下：

- | | |
|--|--|
| <input type="checkbox"/> 華盛頓州行政法規(WAC) | |
| <input type="checkbox"/> 388-845-0300至2205
家庭與社區服務另選安置計畫
(HCBS)服務提供者資格條件 | <input type="checkbox"/> 388-101-1440至1550
領有營業執照的住宿看護服務提供者資格條件 |
| <input type="checkbox"/> 388-71-0500至05665
個人服務提供者/居家服務機構資格條件 | <input type="checkbox"/> 388-06 背景調查 |
| <input type="checkbox"/> 合同：（引用合同有關條款） _____ | <input type="checkbox"/> 其他 _____ |

您仍有資格享受此項服務，但須另選一位合格的服務提供者。

此信寄發或面交個案當事人之日期：_____

副本送交：有關的其他人：_____
個案當事人檔案

您的申訴權

從您收到此通知書之日起，您有九十(90)天時間請求舉行一次行政聽證會，對此項裁定提出申訴。

- 倘若您願意在申訴期間繼續獲得由此位服務提供者的服務，您必須在 _____ 之前提出舉行聽證會的請求。

您有以下權利：

1. 請他人做您的代表（您可能資格獲得免費法律幫助）；
2. 要求得到一份副本，包括您的檔案副本和發展殘障服務處為作出此項決定而審閱的所有資料之副本；
3. 提交證據文件；
4. 在聽證會上作證並請證人出席為您作證；並
5. 盤問為本部作證的證人。

您是否有任何不明白的問題？

如果您對本項決定或申訴程序有不明白的問題，請聯絡

電話號碼是 _____

電話號碼

預先裁定通知書
發展殘障服務處拒絕批准或終止
服務提供者之服務
聽證請求書

根據社會福利服務部聽證條例第388-02章規定

FOR AGENCY USE ONLY

☐

Oral request taken by:

NAME

TELEPHONE NUMBER

INVOLVED DIVISION/ORGANIZATION

寄往: OFFICE OF ADMINISTRATIVE HEARING (OAH), MAIL STOP: 42489
PO BOX 42489
OLYMPIA WA 98504-2489

傳真: 360-586-6463

本人請求一次公平聽證，因我不同意發展殘障服務處(DDD)就服務提供者所作的下列決定：

您的姓名（請工整填寫）

出生日期

社會安全號碼

聽證請求人地址

個案當事人身份證號碼

城市

州

郵遞區號

電話號碼（包括區域號碼）

☐

留言電話號碼

本人於： 接到由： 寄來的關於此項決定之通知。

日期

社會福利服務部辦事處名稱及地址

如果本人符合資格，我希望不要間斷對我的補助：☐ 是 ☐ 否 福利計畫名稱

本人的代表為（如您自己代表自己，請勿填寫下面兩行）：

您的代表之姓名：

機構：

電話號碼：

地址

城市

州

郵遞區號

☐

本人特此授權，允許向我的代表透露關於我的聽證資訊。

您的簽名

日期

您是否需要翻譯人員，或其他協助或特殊照顧？ ☐ 是 ☐ 否

若回答是，請說明需要何種語言或何種協助？

對於有些聽證會，行政法官(ALJ's)可能採用電話方式進行。如果您將電話聽證改為親自參加聽證，請按照行政聽證處(OAH)寄給您的聽證通知書中的說明辦理。

INSTRUCTIONS

Do clients have appeal rights to denial or termination of their choice of providers?

Yes, clients have appeal rights. Refer to WAC 388-825-120.

What are some reasons I might deny or terminate a provider?

Some examples might be (but not limited to):

- The provider has worked for 120 days or more and has not met the training requirements.
- Provider is not available to provide care as outlined on the client's service Plan.
- The Division does not believe this provider can meet the client's health and safety needs.
- Payment can be terminated at the request of the client or the client's representative.
- A contract can be terminated for default when the contractor has not complied with the terms of the contract.

Refer to (WAC 388-825-375)

Who makes the decision to deny or terminate a provider payment or contract?

- The decision to deny or renew a contract is made by the Field Services Administrator (FSA).
- The decision to terminate a contract prior to the end date of the contract is made by the Office of Central Contracts Services upon the recommendation of the DDD HQ Contracts Manager.
- A regional management decision to terminate payment prior to the termination of the contract can only be made when there is substantiated abuse/neglect, the department determines client is in imminent jeopardy or there has been a failed background check on a provider with a contract.

How do I determine the effective date for terminating payment to the provider?

- When possible the termination date of payment coincides with the contract termination date, allowing at least 10 days from the date the Planned Action Notice is mailed, and extending to the end of that month.
- Termination of payment is immediate when there is substantiated abuse/neglect, or the department determines client is in imminent danger.

How do I determine the effective date for denying a current contract?

The date of contract termination is determined by the Office of Central Contracts Services.

How do I determine the effective date for denying a new/renewal contract?

- If it is a new contract the effective date is the date of denial by the FSA.
- If it is a contract renewal, the date for termination is the end date on the existing contract.

How do I ensure receipt of notification by client/client representative?

Per WAC 388-825-100 attempt at least twice to notify first by telephone then send written notification.

If my client appeals the decision to terminate their provider can they continue to use their provider during the appeals process?

The client can continue to use their provider if they request a hearing within the allotted time frame. The effective date is calculated by counting 10 days from the date the Planned Action Notice is mailed and extending to the end of that month. The request to continue services from the provider will be denied if there is substantiated abuse/neglect, the department determines client is in imminent danger, or there has been a failed background check on a provider with a contract.